

County: DeSoto  
 Permit #: 0-780  
 Driller: W. Joel Pierce  
 Date drilling completed: 3-22-08

**State Well Report**  
**Part 1 - Driller's Log**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 10631  
 Jackson, MS 39289-0631  
 (601)961-5210  
 (601)354-6938 (fax)

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: L-181  
 L.S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

*State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.*

| Information on Well Owner<br><small>(Landowner if borehole is not for a water well)</small> |                   | Well or Borehole Location  |   |
|---|-------------------|--|---|
| Owner Name: <u>Kristina Piscitello</u>  | <u>Piscitello</u> | Latitude: <u>88° 32' 11"</u>   | Longitude: <u>90° 44' 12"</u>                           |
| Mailing Address: <u>281 Deans nursery Rd</u>  | <u>Uxbridge</u>   | Method of Lat/Long (circle one): <u>Hand-held GPS</u> , Survey-grade GPS |   |
| <u>MS</u>   | <u>39457</u>      | USGS quad: <u>SE 1/4 SW 1/4 Sec 36 Twn 35 Rng 6W</u>                     |   |
| City: _____   | State: _____      | Zip Code: _____  |   |
| Telephone No. <u>208</u>  | <u>822-0957</u>   | Distance: <u>4</u> Miles   | Direction: <u>SW</u> of Nearest Town: <u>Aquila, MS</u> |

**Well / Borehole Data**

Date drilling started: 3-22-08 Date drilling completed: 3-22-08 Hole depth: 100 Hole diameter: 2

Location of the source of any surface water used for drilling: Aquila, MS  
 Method of dosing and volume of Chlorine used in drilling and development: 2000 water equal chlorin

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_  
 Name of organization running log(s): \_\_\_\_\_

Purpose of borehole (check one): Water Well  Geotechnical/Geological Investigation \_\_\_\_\_ Ground Source Heat Pump \_\_\_\_\_  
 Seismic Survey \_\_\_\_\_ Other (describe): \_\_\_\_\_

*If drilling is not related to water well construction, skip the remainder of this block*

Purpose of Well (check one): Home  Industrial \_\_\_\_\_ Public Supply \_\_\_\_\_ Irrigation \_\_\_\_\_ Fish Culture \_\_\_\_\_ Other: \_\_\_\_\_

If a flowing well, method of flow regulation: Valve \_\_\_\_\_ Other (describe): \_\_\_\_\_

Static Water Level: 5 feet above or below (circle one) land surface Date measured: 3-22-08

Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_

Well depth: 100 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Bentonite Mix

Casing length: 90 feet Casing diameter: 2 inches Type of casing: Sch 40 Plastic

Screen length: 10 feet Screen diameter: 2 inches Type of screen: Sch 80

Screen slot size: 6 inches Setting depth: From 0 feet to 100 feet  
10 screen 90 casing

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development  
 Other (describe): \_\_\_\_\_

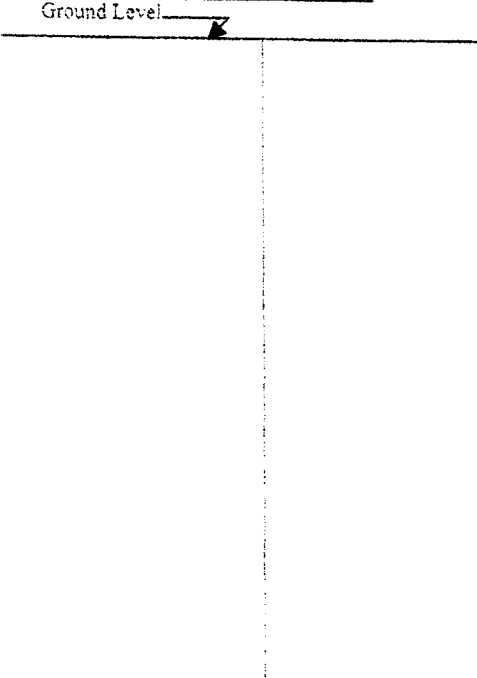
Top of lap pipe or reduction in casing: \_\_\_\_\_ feet. *If telescoped or more than one screen, describe on next page*

Form: OLWR-SWR-1A

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The sketch below only required for water wells

If well telescopes, show depths on sketch.

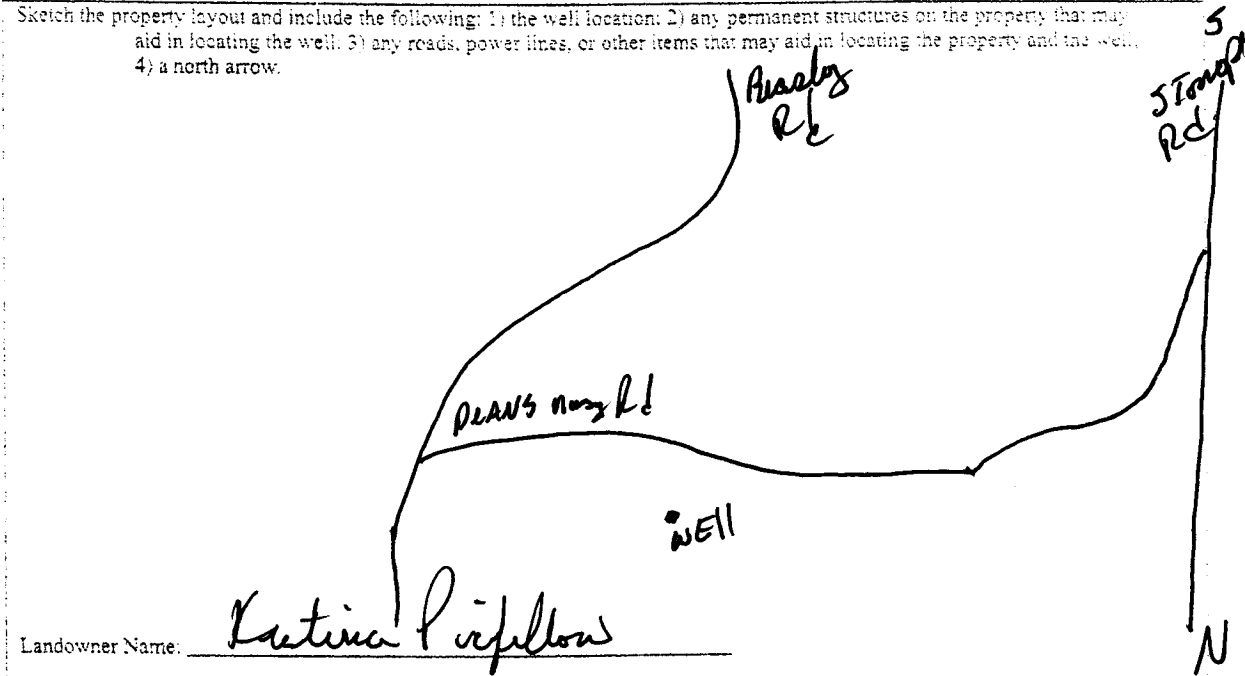


Description of formations encountered must be provided for all wells and boreholes, unless specifically exempted by regulation.

| Description of Formations Encountered | From (depth: Ground Level) | To (depth: Ground Level) |
|---------------------------------------|----------------------------|--------------------------|
| Red Sand                              | 0                          | 5                        |
| Grey clay                             | 5                          | 30                       |
| green clay                            | 30                         | 50                       |
| pea gravel                            | 50                         | 100                      |
|                                       |                            |                          |
|                                       |                            |                          |
|                                       |                            |                          |
|                                       |                            |                          |
|                                       |                            |                          |
|                                       |                            |                          |
|                                       |                            |                          |
|                                       |                            |                          |
|                                       |                            |                          |
|                                       |                            |                          |

If more than one screen, show location of each on sketch

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) a north arrow.



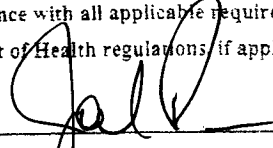
Landowner Name: Karina Piffelows

I certify that the well/borehole was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and the Mississippi Department of Health regulations, if applicable, and state laws.

Joel Kim      0-780      3-22-08

Print Name of Responsible Licensee and License No.

Date



Signature of Licensee

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# STATE WELL REPORT

## Part 2

**Pump Installer's Completion Report**  
 Mississippi Department of Environmental Quality  
 Office of Land and Water Resources  
 P.O. Box 10631  
 Jackson, MS 39289-0631  
 (601)961-5210  
 (601)354-6938 (fax)

County: George  
 Permit #: 0-780  
 Driller: W. Joel Pierce  
 Date completed: 3-22-08  
*Copy information from block on Part 1*

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: L-181  
 Elevation: \_\_\_\_\_

*This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.*

| Well Owner Information                      | Well Location  |
|---|--|
| Owner Name: <u>Kristina Pfeiffer</u>        | Latitude: <u>88-32191</u> Longitude: <u>70 44 196</u>                                    |
| Mailing Address: <u>281 Deans Runway Rd</u> | Method of Lat/Long (check one): Conventional Survey _____                                |
| <u>umbah ms 39457</u>                       | USGS quad _____ Hand-held GPS <input checked="" type="checkbox"/> Survey-grade GPS _____ |
| City State Zip Code                         | <u>SE 1/4 SW 1/4 Sec 36 T 35 R 6W</u>  |
| Telephone No. <u>228, 872-0957</u>          | Distance Direction Nearest Town  |
|   | <u>4</u> Miles <u>SW</u> of <u>Agula, ms</u>   |

| Pump Type<br>Circle one   | Power Type<br>Circle one  |
|---|---|
| Air Lift <input type="checkbox"/> Jet <input checked="" type="checkbox"/> Submersible | Diesel Engine Gasoline Engine Natural Gas                           |
| Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine               | <input checked="" type="checkbox"/> Electric Motor Hand Tractor PTO |
| Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well     | Windmill Other (specify): _____                                     |
| Other (specify): _____  | Horse Power Rating of Motor: <u>1</u>                               |
| Date Pump Installed: <u>3-22-08</u>   | Setting Depth: <u>60 feet line</u> feet                             |
| Rated Pump Capacity: <u>10</u> Gallons Per Minute                                     | Number of Stages: <u>2</u>  |

| Pump Test Data   | Method of Measuring Water Level<br>Circle one                                   |
|--|---|
| Date Well Tested: <u>3-22-08</u>                           | <input checked="" type="checkbox"/> Air Line Electric Measuring Line Steel Tape |
| Static Water Level (A): <u>5</u> Feet Below Land Surface   | Other (specify): _____  |
| Pumping Water Level (B): <u>60</u> Feet Below Land Surface | For flowing well, measured shut in head: _____ feet                             |
| Drawdown [(B) - (A)]: <u>2</u> Feet Below Land Surface     | Well yielded <u>10</u> GPM with a drawdown of                                   |
| Test Pumping Rate: <u>10</u> Gallons Per Minute            | <u>2</u> feet after <u>48</u> hours of pumping                                  |
| Duration of Pump Test (minimum 4 hours): <u>48</u> hours   |   |

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Joel Pierce 0-780 Joel Pierce  
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B  
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